

## STAFF

210

Page of Pages

CLAIMANT'S NAME Karen Baker		Fiscal Year 2008-2009	2008TEC1778	SSN OR EMPLOYEE NUMBER* 269-52-5702		DEPARTMENT OPR	
POSITION Secretary of Volunteering and			CB/ID NO.: EXEMPT	DIVISION OR BUREAU CaliforniaVolunteers			PCA # 11100
RESIDENCE ADDRESS* 971 Castec Dr.				HEADQUARTERS ADDRESS 1110 K Street Suite 210			TELEPHONE NUMBER. 916-323-7646
CITY Sacramento	STATE CA	ZIP CODE 95864	CITY Sacramento	STATE CA	ZIP CODE 95814		

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENT- TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
											\$0.00		\$0.00	
11/12	0830 1400	Sac/Palo Alto/Sac							\$8.00	256	\$140.80		\$148.80	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
(10) SUBTOTALS									\$8.00	256	140.8		\$148.80	

**SUBTOTALS**

CLAIM TOTAL	\$	\$148.80
-------------	----	----------

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  Attended Encore Fellows Meeting	_____	(12) NORMAL WORK HOURS
	_____	(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289
	_____	(14) MILEAGE RATE CLAIMED
	_____	AGENCY ACCOUNTING OFFICE USE ONLY
	_____	PAID BY REVOLVING FUND CHECK NUMBER \$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE \_\_\_\_\_